tpm, inc.

environmental consulting \ construction
drilling \ waste management
a member of tpmgroup

April 8, 2009

Mr. William Shane
Surface Water Permits Branch
Division of Water
200 Fair Oaks Lane
Frankfort, KY 40601

Re: KPDES Application Notice of Deficiency, KPDES No. KY0095125
Smith's Grove BP Travel Center, LLC, AI ID: 4136

Dear Mr. Shane:

Included with this letter is a completed Form F, a site map, and the storm water test results required for the form. I think I have included everything requested in your letter dated February 19, 2009 that was sent to our client, Smith's Grove BP Travel Center. The permit fee was previously remitted with the original permit application. Should you need more information or have questions feel free to contact me at 270-781-4945.

Thank you for your assistance.

Sincerely,

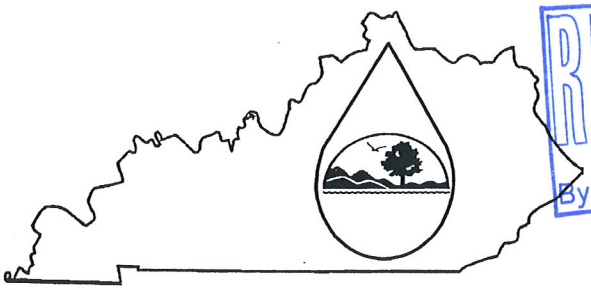
George W. Pickard

George W. Pickard, P.E.
General Manager, TPM

tpm corporate 2040 Old Louisville Rd. | Bowling Green, KY 42101 | T 270/781-4945 | F 270/793-0088
tpm nashville 130 Emmitt Ave. | Madison, TN 37115 | T 615/865-9290 | F 615/865-9840

KPDES FORM F

AI 4136



RECEIVED
APR 10 2009
By

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION — AGENCY USE: 0 0 9 5 1 2 5

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	37	02	40	86	12	34	SINKHOLE

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls No.	2. Affected Outfalls Source of Discharge	3. Brief Description of Project	4. Final Compliance Date a. req.	4. Final Compliance Date b. proj.
NONE					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction. NONE

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	7.1625 ACRES	6.93 ACRES			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

TRUCK STOP - FUELING STATION. NO MATERIALS STORED, TREATED, OR DISPOSED. NO PESTICIDES, ETC. USED.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
001	SILT TRAP, OIL/WATER SEPARATOR, BOOMS SHOWN ON ATTACHED DRAWING.	1-U

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
DENNIS RIGSBY OP. MGR.	Dennis Rigsby	4-8-09

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

ANALYSIS REPORT IS ATTACHED.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NONE

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☐ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	AREA CODE AND PHONE NO.
Mr. ☒ Ms. ☐ GEORGE W. PICKARD, P.E.	270-781-4945
SIGNATURE George W. Pickard	DATE SIGNED 4/7/09

VII. DISCHARGE INFORMATION	OUTFALL NO: 001

Part A - **You must provide the results of at least one analysis for every pollutant in this table.** Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand BOD_5						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	ANALYSIS REPORT ATTACHED					
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

Water Analysis, Training, Education
& Research Services
Telephone: 270-745-5287
FAX: 270-745-3102

WESTERN KENTUCKY UNIVERSITY

WATERS Laboratory
ESTB Room 405
1906 College Heights Blvd. 61066
Bowling Green, KY 42101-1066

Analysis Report

Smith's Grove BP Travel Center
Attn: Dennis Rigsby
P O Box 188
Smith's Grove KY 42171

Order ID: 08100709
Samples Collected: 10/7/2008
Date Received: 10/7/2008
Report Date: 11/5/2008

Sample	Analyzed	Test Description	Result	Method
1 Smiths Grove	10/10/2008	Oil & Grease	11.7 mg/L	SM 5520 B
2 Smiths Grove	10/7/2008	pH	7.16 ph Units	SM 4500-H+
2 Smiths Grove	10/14/2008	Total Suspended Solids (TSS)	20.0 mg/L	SM 2540 D

Approved By: _____
Jana Fattic, Operations Director

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME SMITHS GROVE RD TRAVEL CTR LLC
ADDRESS PO BOX 128
SMITHS GROVE KY 42171

FACILITY SMITHS GROVE RD TRAVEL CTR LLC
LOCATION SMITHS GROVE KY 42171
ATTN: DENNIS RIGSBY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

KY0095125 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MINOR
(SUBR SG)
E - FINAL
STORMWATER RUNOFF

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

NO DISCHARGE [ ]

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.16		7.16	(12)		1-31	GRAB
	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					20.0 mg/L	20.0 mg/L	(19)		1-31	GRAB
	PERMIT REQUIREMENT					30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					11.7 mg/L	11.7 mg/L	(19)		1-31	GRAB
	PERMIT REQUIREMENT					10 MO AVG	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		0.03 MGD	(03)							
	PERMIT REQUIREMENT		REPORT INST MAX	MGD						ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
DENNIS RIGSBY / OP. MGR.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dennis Rigsby	270	563-4713	08	11	14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

CHAIN OF CUSTODY RECORD

Phone 270.745.5287 Fax 270.745.3102 www.watersky.org

Mail to:
WATERS Laboratory
Western Kentucky University
Central Receiving V313
1906 College Heights Blvd #61066
Bowling Green, KY 42101

Deliver to:
WATERS Laboratory
Western Kentucky University
Environmental Science & Technolog
Room 405
Bowling Green KY 42101

Company: SMITHS GROVE BP TRAVEL CENTER

Address: Hwy 101 AT I-65 Phone: 270-563-4713

City: SMITHS GROVE State: Ky Zip Code: 42171

08100709

Special Notes: 17.4°C

ID Tag #	Collection	Sampling Site Description or Location	Container Type	Preservation Method	Analysis Requested	Sampler Initials	Lab Use O
1	Date: 10-7-08 Time: pm	SMITHS GROVE	Glass ☑ Plastic ☐ VOA ☐ Size: ____ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HCl ☐	OIL + GREASE	DR	pH <
2	Date: 10-7-08 Time: pm	SMITHS GROVE	Glass ☐ Plastic ☑ VOA ☐ Size: ____ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐	P.H. SUSP. SOLIDS	DR	
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ____ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ____ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ____ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ____ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			

Signature of Sampler(s): Dennis Rigsby Print Name of Sampler(s): DENNIS RIGSBY

Relinquished by: Dennis Rigsby	Date: 10-7-08	Received by: [signature]	Date: 10.7.08
Representing:	Time:	Representing: WATERS Laboratory	Time: 1415
Relinquished by:	Date:	Received by:	Date:
Representing:	Time:	Representing:	Time:

Water Analysis, Training, Education
& Research Services
Telephone: 270-745-5287
FAX: 270-745-3102

WESTERN KENTUCKY UNIVERSITY

WATERS Laboratory
ESTB Room 405
1906 College Heights Blvd. 61066
Bowling Green, KY 42101-1066

Analysis Report

Smith's Grove BP Travel Center
Attn: Dennis Rigsby
P O Box 188
Smith's Grove KY 42171

Order ID: 09031209
Samples Collected: 3/11/2009
Date Received: 3/11/2009
Report Date: 4/1/2009

Sample	Analyzed	Test Description	Result	Method
1 Smiths Grove	3/17/2009	Chemical Oxygen Demand	33 mg/L	SM 5220 D
1 Smiths Grove	3/19/2009	Kjeldahl Nitrogen	4.09 mg/L	EPA 351.2
1 Smiths Grove	3/18/2009	Total Phosphorus	0.53 mg/L	EPA 365.3
2 Smiths Grove	3/12/2009	Biochemical Oxygen Demand	12.5 mg/L	SM 5210 B
3 Smiths Grove	3/16/2009	Nitrate as N + Nitrite as N	3.25 mg/L	SM 4110 B

Approved By: _____

Jana Fattic, Operations Director

CHAIN OF CUSTODY RECORD

Phone 270.745.5287 Fax 270.745.3102 www.wkuwaters.com

Mail to:
WATERS Laboratory
Western Kentucky University
Central Receiving V313
1906 College Heights Blvd
Bowling Green, KY 42101

Hand Deliver to:
WATERS Laboratory
Western Kentucky University
Environmental Science & Technology Bldg
Room 405
Bowling Green, KY 42101-1066

Company: Smiths Grove BP Travel Center

Address: Hwy 101 AT I-65 Phone: (270) 563-4713

City: Smiths Grove State: Ky Zip Code: 42171

09031209

Special Notes:

7.8°C

ID Tag #	Collection	Sampling Site Description or Location	Container Type	Preservation Method	Analysis Requested	Sampler Initials	Lab Use Only
1	Date: 3-11-09 Time: 7:00	Smiths Grove	Glass ☐ Plastic ☑ VOA ☐ Size: mL's	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐	COD, TKN, TP		pH ~7 H_2SO_4 pH<2
2	Date: 3-11-09 Time: 7:00	Smiths Grove	Glass ☐ Plastic ☑ VOA ☐ Size: mL's	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐	BOD		
3	Date: 3-11-09 Time: 7:00	Smiths Grove	Glass ☐ Plastic ☑ VOA ☐ Size: mL's	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐	NO_3-N + NO_2-N		
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: mL's	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: mL's	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: mL's	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			

Signature of Sampler(s): Dennis Rigsby

Print Name of Sampler(s): DENNIS RIGSBY

Relinquished by: Dennis Rigsby	Date: 3-11-09	Received by: Dusty Mayes	
Representing:	Time: 9:42	Representing: WATERS Laboratory	
Relinquished by:	Date:	Received by:	
Representing:	Time:	Representing:	

Water Analysis, Training, Education
& Research Services
Telephone: 270-745-5287
FAX: 270-745-3102

WESTERN KENTUCKY UNIVERSITY

WATERS Laboratory
ESTB Room 405
1906 College Heights Blvd. 61066
Bowling Green, KY 42101-1066

Analysis Report

Smith's Grove BP Travel Center
Attn: Dennis Rigsby
P O Box 188
Smith's Grove KY 42171

Order ID: 09031006
Samples Collected: 3/8/2009
Date Received: 3/9/2009
Report Date: 3/30/2009

Sample	Analyzed	Test Description	Result	Method
1 Smiths Grove	3/12/2009	Oil & Grease	4.06 mg/L	EPA 1664
2 Smiths Grove	3/9/2009	pH	7.40 ph Units	SM 4500-H+
2 Smiths Grove	3/12/2009	Total Suspended Solids (TSS)	12.0 mg/L	SM 2540 D

Approved By: _____

Jana Fattic, Operations Director

Mail to:
WATERS Laboratory
Western Kentucky University
Central Receiving V313
1906 College Heights Blvd #61066
Bowling Green, KY 42101

CHAIN OF CUSTODY RECORD

Phone 270.745.5287 Fax 270.745.3102 www.watersky.org

Deliver to:
WATERS Laboratory
Western Kentucky University
Environmental Science & Technology Blo
Room 405
Bowling Green KY 42101

Company: Smiths Grove BP Travel Center

Address: Hwy 101 AT I-65 **Phone:** 270-563-4213

City: Smiths Grove **State:** Ky **Zip Code:** 42171

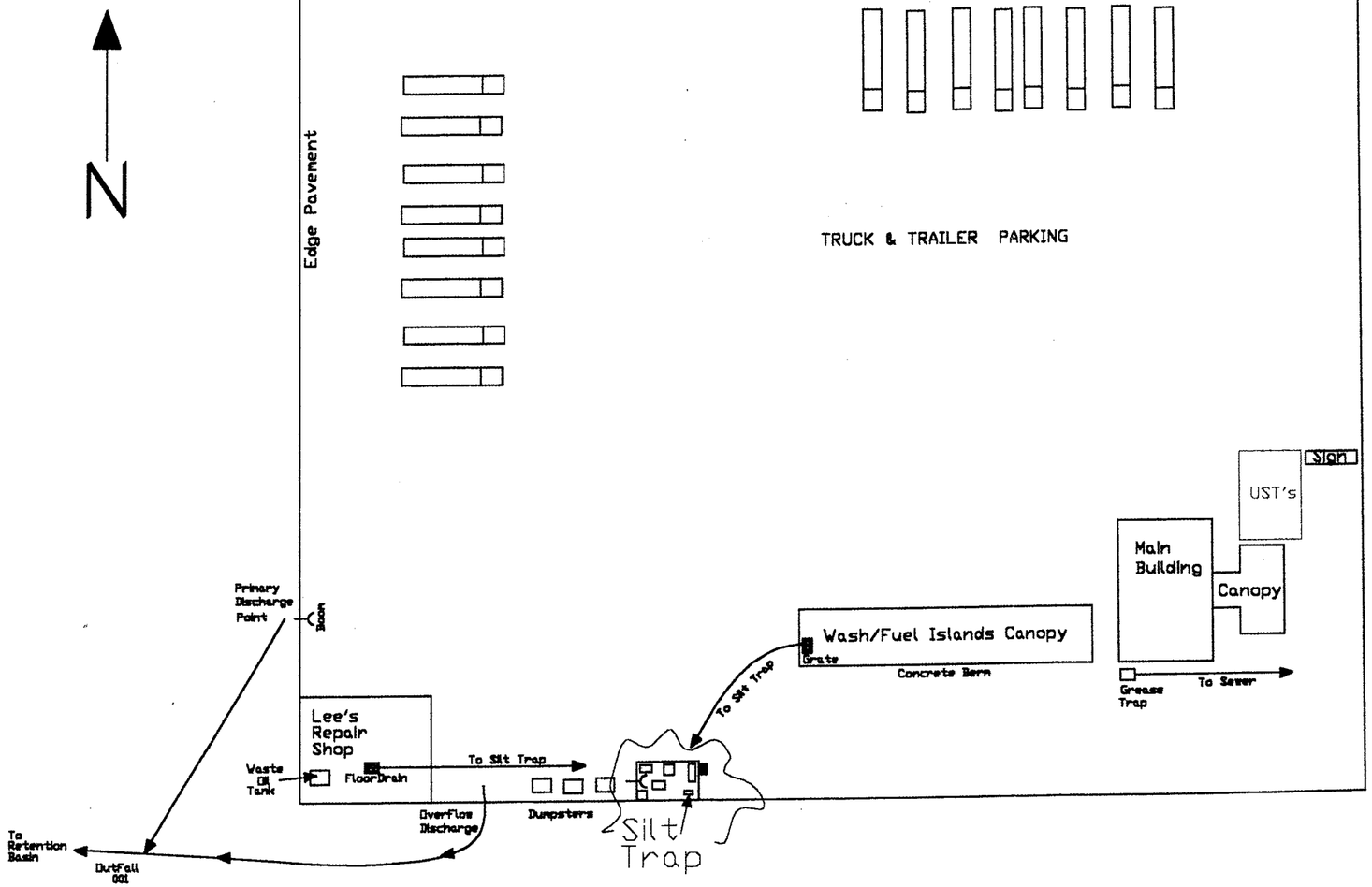
09031006

Special Notes: 13.8°C

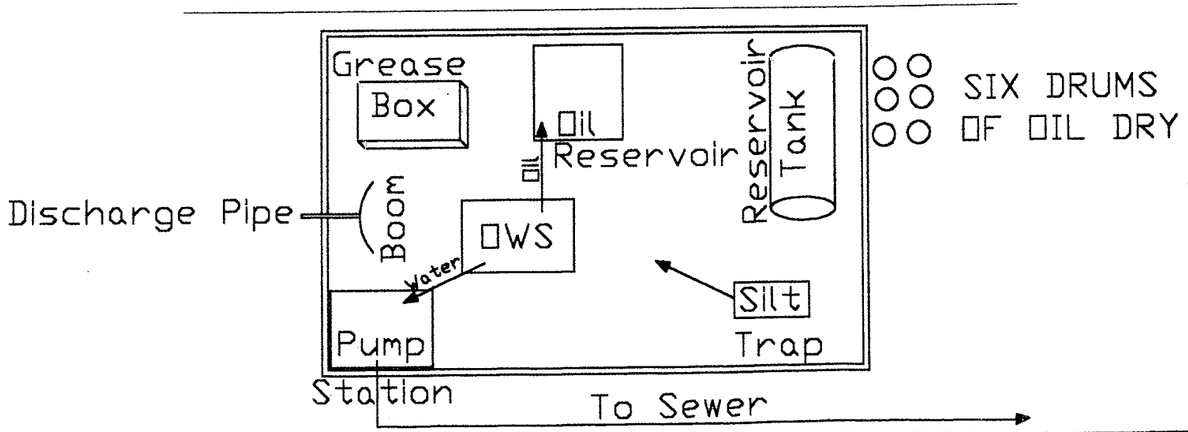
ID Tag #	Collection	Sampling Site Description or Location	Container Type	Preservation Method	Analysis Requested	Sampler Initials	Lab Use Only
1	Date: 3-8-09 Time: 7pm	Smiths Grove	Glass ☑ Plastic ☐ VOA ☐ Size: ___ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HCl ☐	Oil + Grease	DR	pH<2
2	Date: 3-8-09 Time: 7pm	Smiths Grove	Glass ☐ Plastic ☑ VOA ☐ Size: ___ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐	PH. Susp. Solids	DR	
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ___ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ___ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ___ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			
	Date: Time:		Glass ☐ Plastic ☐ VOA ☐ Size: ___ mLs	Ice ☐ H_2SO_4 ☐ NaOH ☐ HNO_3 ☐			

Signature of Sampler(s): Dennis Rigsby Print Name of Sampler(s): DENNIS RIGSBY

Relinquished by: Dennis Rigsby	Date: 3-9-09	Received by: [signature]	Date: 3.9.09
Representing:	Time:	Representing: WATERS Laboratory	Time: 1444
Relinquished by:	Date:	Received by:	Date:
Representing:	Time:	Representing:	Time:



Concrete Containment Dike Enlargement



TPM, INC.
ENVIRONMENTAL
CONTRACTORS / CONSULTANTS

SCALE: 1" = 80'	APPROVED BY:	DRAWN BY:
DATE: 9-2-03	B. Cole	J. Watts

Smith's Grove BP

Site Map

DRAWING NUMBER 03330